

FILED MAR 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8764
773

BIRTH NO. 14 729-50		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No.			
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Mo b. COUNTY Jackson					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City, Mo.		c. LENGTH OF STAY (In this place) 7 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		35108			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital				d. STREET ADDRESS (If rural, give location) 3804 Montgall					
3. NAME OF DECEASED (Type or Print) Rick		a. (First) b. (Middle) R. Jagow		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Feb. 17, 1950			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH Feb. 10, 1950			
9. AGE (In years last birthday) 7		IF UNDER 1 YEAR Months Days		IF UNDER 12 HRS. Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Kansas City Mo			
12. CITIZEN OF WHAT COUNTRY? USA									
13a. FATHER'S NAME John R. Jagow				13b. MOTHER'S MAIDEN NAME Pat Evans		14. NAME OF HUSBAND OR WIFE --			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) --				16. SOCIAL SECURITY NO. --		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John R. Jagow 3804 Montgall			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho pneumonia ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pneumonia DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 16-5				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from Feb 10, 1950 to Feb 17, 1950, that I last saw the deceased alive on Feb 17, 1950 and that death occurred at 11:30 PM from the causes and on the date stated above.									
23a. SIGNATURE Frank S. Hogue (Name or title)				23b. ADDRESS 315 Alameda Rd.		23c. DATE SIGNED 2-19-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) 2 Removal		24b. DATE 2-19-1950		24c. NAME OF CEMETERY OR CREMATORY Memorial Cem.		24d. LOCATION (City, town, or county) (State) Bartlesville Okla.			
DATE REC'D BY LOCAL REG. 2-19-50		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.H. Blackman & Son Inc. Kansas City Mo					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

